

### BICYCLE RACK INSTALLATION PROGRAM

#### **Program Details**

The Bicycle Rack Installation Program seeks to encourage and facilitate bicycling as a viable means of transportation in Savannah through the installation of bicycle racks near local businesses and other activity centers.

Businesses and non-profits located in the City of Savannah are eligible to apply for a bicycle rack installation. The application can be found on the next page of this document. It should be completed in full and returned to:

City of Savannah c/o Garrison Marr Mobility & Parking Services Department P.O. Box 2101 Savannah, GA 31402 912-651-6470 Ext. 1513 (office) 912-651-6972 (fax)

Applications are accepted throughout the year. Once an application is received, it will be reviewed by City staff who will then conduct a site visit to identify a suitable location for rack placement. The preference is to position racks on streets or other city right-of-way so that they can be cleaned and maintained by City staff. In the case that a rack must be placed on private property, additional documentation is needed- specifically written authorization from the property owner(s), and a signed agreement of responsibility for and maintenance of the racks after installation.

Racks will be installed based on completeness of the application, site suitability, and rack availability.

### **Rack Information**

The majority of the installed racks will be an inverted U style. In some rare instances, a wave style rack may be installed. The racks will be installed by trained personnel and will be marked for visibility and safety.



## **Questions**

Please contact Garrison Marr at (912) 651-6470 Ext. 1513 or garrison\_marr@savannahga.gov.



# **BICYCLE RACK INSTALLATION APPLICATION**

Please complete this application and submit it to:

City of Savannah c/o Garrison Marr Mobility & Parking Services Department P.O. Box 2101 Savannah, GA 31402 912-651-6470 Ext. 1513 (office) 912-651-6972 (fax)

Date:
Applicant Information
Applicant Name:
Applicant Address:
Applicant Phone Number:
Applicant E-Mail Address:
Proposed Bicycle Rack Location
Exact Proposed Location:
Closest Cross Street(s):
Closest Business/Establishment:
Your Relation to Business/Establishment:(Owner, Customer, Manager, Employee)
Address of Business/Establishment:
Phone Number of Business/Establishment:
Additional Questions
Do a large number of employees and/or customers bike to this location:
Does the closest establishment encourage staff and/or customers to use bicycles when traveling the establishment? If so, how:
Do a significant number of bikes routinely park in irregular or unsafe places near this location (against trees, street signs, parking meters, etc.):
Please list nearby citizens, businesses, or organizations who have also expressed interest in having bicycle racks placed in your area: